

**APPLICATION DATA SHEET**

**Application Information**

Application Number:: Not yet assigned  
Filing Date:: Herewith  
Application Type:: Regular  
Subject Matter:: Utility  
CD-ROM or CD-R?::  
Number of CD Disks::  
Number of Copies of CDs::  
Sequence Submission?::  
Computer Readable Form (CRF)?::  
Number of Copies of CRF::  
Title:: SPACER FOR SLING DELIVERY SYSTEM  
Attorney Docket Number:: BSC-278  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 23  
Small Entity?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name:: S.H.  
Family Name:: Chu  
City of Residence:: Brookline  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of Mailing Address:: 121 Browne Street  
City of Mailing Address:: Brookline

State or Province of Mailing Address:: MA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 02446

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Alfred  
Middle Name:: P.  
Family Name:: Intoccia  
Name Suffix:: Jr.  
City of Residence:: Amherst  
State or Province of Residence:: NH  
Country of Residence:: US  
Street of Mailing Address:: 8 Conifer Lane  
City of Mailing Address:: Amherst  
State or Province of Mailing Address:: NH  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 03031

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name:: G.  
Family Name:: McGrath  
City of Residence:: Hudson  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of Mailing Address:: 19 Ostego Drive  
City of Mailing Address:: Hudson  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: US

Postal or Zip Code of Mailing Address:: 01749

**Correspondence Information**

Correspondence Customer Number:: 021323

**Representative Information**

Representative Customer Number:: 021323

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-provisional	60/449,465	02/24/03
	Non-provisional	60/434,167	12/17/02

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
		MM/DD/YY	

**Assignee Information**

Assignee Name:: SCIMED Life Systems, Inc.

City of Mailing Address:: Maple Grove

State or Province of Mailing Address:: Minnesota

Country of Mailing Address:: US